

# WASHINGTON STATE FIRST STEPS NEWS

A newsletter for Maternity Support Services and Infant Case Management Providers



Issue 2  
March 2006

## CHARTING AND DOCUMENTATION REQUIREMENTS UPDATE

*Submitted by Kathy Chapman, Jan Crayk, and Cynthia Huskey*

### TECHNICAL ASSISTANCE

As First Steps providers were preparing to comply with the Documentation Requirements, First Steps staff offered to attend county provider meetings to provide training and assistance regarding implementation of the new requirements. Almost every county has invited First Steps staff to present and some have invited staff back for a second visit. More visits are scheduled. State staff have been in contact with local First Steps staff in each agency by email and phone.

We expect there will be questions and discussions as providers have more experience using the forms. First Steps staff want to be as responsive as possible; please invite us to your provider meetings for training and/or discussions. Contact your county lead by phone or email for all questions or Jan Crayk for questions specifically about the forms. The next several weeks, First Steps staff will begin visiting individual agencies, looking at charts and providing technical assistance.

### EXCEPTIONS

- Beginning January 1, 2006, providers must have started using the new First Steps forms for documenting services to new First Steps clients. Each FS agency that is not using the new required forms must have an exception from the First Steps program. We realize that change of this magnitude is a process that takes time. Most FS agencies are making good progress toward adopting the forms or adapting the forms to support their business model. Other agencies are still struggling with the new requirements, despite their efforts to implement them.
- Each agency that submitted a request for an exception was required to submit specific information to the First Steps program. Following is the criteria used to review their requests:
  - The agency demonstrates a compelling business reason for not adopting the documentation requirements; this must be beyond the difficulty of adopting new forms, as this is true for all providers. **Or**, the agency demonstrates a compelling business reason for delaying implementation of the documentation requirements.
  - The agency has an adequate plan for complying with the requirements, including a timeline.
  - The agency proposes an acceptable alternative to adopting the forms or otherwise complying with the documentation requirements. For those FS agencies requesting to use other or altered forms, they must include copies of the proposed forms and a crosswalk to the required First Steps forms demonstrating where the required information is collected.
- FS agencies may request an exception at anytime. However, those agencies that did not expect to comply with the January 1 deadline were required to submit a request for exception before January 1, 2006.
- First Steps staff are in the process of contacting the few agencies we have not heard from. If you have any questions or concerns about your agency, please contact your county lead.



### In this Issue:

- Charting and Documentation
- Infant Case Management & Did You Know?
- Family Planning & Tobacco Cessation During Pregnancy Performance Measures
- Tobacco Cessation Champion Project 2006
- Tobacco Cessation During Pregnancy Technical Assistance Opportunity
- Revised Best Practice Guide for Screening & Management of Maternal HIV
- Speak up when you are down! WA Postpartum Depression Public Awareness Campaign
- Regional First Steps/Family Planning Coordinators
- Update from First Steps Database
- Infant Toddler Early Intervention Program
- First Steps Provider Advisory Group.



## ELECTRONIC HEALTH RECORDS FOR FIRST STEPS

In any way we can, the First Steps program wants to encourage electronic health record systems. As you know, over the past several months the First Steps program has been exploring computerized documentation. Some of you are ahead of us in your development so it is difficult to respond adequately to some of your inquiries. However, we are trying hard and encourage you to keep us informed of your progress. First Steps has a completed technology proposal that we will be submitting to the Department of Health for prioritization. Depending upon prioritization, we hope to proceed with development.

One of our long term visions for the First Steps program is that all providers will collect information electronically in such a way that information can be compared from provider to provider. The information could then be used for a variety of purposes. For example, we could use the accumulated information to create reports for funding sources. As proposed, the first phase of this vision would be to develop a system to collect and store data from agencies that currently collect information electronically. As we progress with our technology proposal, we will keep you informed.

## FAQ - also known as FREQUENTLY ASKED QUESTIONS

### Is there a form entitled, *MSS Postpartum Returning Client Screening – Revised*?

Yes! The *MSS Postpartum Returning Client Screening – Revised* was sent out electronically from the DOH First Steps mailbox on January 05, 2006. If you have not already reproduced the earlier version, please replace the earlier version with this revised form. If you have already reproduced the earlier version for use, please address the Risk Factor (RF) 8 Family Planning and document the information somewhere on the form. Again, we apologize for any confusion. The form can be found on the First Steps website in the Clarification Corner <http://fortress.wa.gov/dshs/maa/firststeps/>. Contact Janice Crayk at [Janice.crayk@doh.wa.gov](mailto:Janice.crayk@doh.wa.gov) with questions.

### How is the *Client Visit Record* used?

The client visit record is simply to document what occurred during the visit; it is not intended to dictate how to conduct your visit. If the entire visit was spent addressing three risk factors, you would only document for those three risk factors. The information on the CVR is intended to prompt clinicians; clinicians are not required to cover each item at each visit.

### Who needs to complete the *Client Visit Record*?

All MSS staff (BHS, RD, RN, CHW) are required to complete a client visit record at each visit. However, staff are not required to complete a client visit record when using the screening forms. **Please note:** Assessment tools can be used during a visit, but must be accompanied by the client visit record. Examples of assessment tools are the Beck Depression Scale, Nutrition SOAP note and the NCAST tools. Any standardized assessments should be noted on the client visit record with a reference to where in the chart the assessment may be found.

### What is the difference between the two postpartum screening tools and do we use both?

Use the *MSS Postpartum New Client Screening* when the client did not receive First Steps services during the prenatal period. This form addresses many of the questions that would have been asked if she had received services during the prenatal period.

Use the *MSS Postpartum Returning Client Screening-Revised* with a client who received First Steps services during the prenatal period and is continuing to receive services during the two month postpartum period. This form is much shorter, as it eliminates the questions asked during the prenatal period.

Complete only one of these forms for each client.



# INFANT CASE MANAGEMENT....DID YOU KNOW

*Submitted by Maureen (Mo) Lally*

An Infant Case Management adobe file with accompanying email was sent electronically from the DOH First Steps mailbox February 9<sup>th</sup>. If you have not opened the email yet, please do so. Don't miss your chance to give input on the ICM draft forms before the deadline date of April 14<sup>th</sup>. Contact Maureen (Mo) Lally at [lallyma@dshs.wa.gov](mailto:lallyma@dshs.wa.gov) with questions.

## IMPLEMENTATION TIMELINE FOR ICM FORMS

February 9<sup>th</sup> - A four page ICM narrative and five draft ICM forms were sent to FS Coordinators and First Steps Listserv subscribers. The five forms are:

- 1) Transitional questionnaire (for women continuing from MSS period)
- 2) ICM New Client Screening Section I: Infant and Section II: Parent
- 3) ICM Plan for Care Section I: Infant and Section II: Parent
- 4) ICM Client Visit Record Section I: Infant and Section II: Parent
- 5) ICM Outcome and Discharge Summary Section I: Infant and Section II: Parent

First Steps providers have 60 days to review and comment on the forms, the narrative, or other concerns. Please send written comments to Maureen Lally at [lallyma@dshs.wa.gov](mailto:lallyma@dshs.wa.gov) or fax (360)-664-4371.

April 17<sup>th</sup> - Provider feedback and comments on draft ICM forms are reviewed.

June - ICM finalized forms are sent to providers to include in their existing systems.

September 1<sup>st</sup> - First Steps providers begin using required forms for new clients enrolled on or after September 1, 2006.

September - December, 2006: Catch up period so that ICM required forms can coincide with MSS required forms use. Re-examination of all MSS and ICM forms takes place by January, 2007.



## ICM FORMS

- As with the MSS forms, you do not need to fill out the client visit record on visits when you complete the screening tool(s)
- You are not expected to complete the entire client visit record. Document only those risk factors or issues that are covered at that visit.
- The *ICM Intake* form [DSHS #13-658] is the same one used for documenting infant/parent eligibility for ICM since it was re-designed in October, 2003.

## BILLING HRSA WHEN A CLIENT REFUSES ICM SERVICES

- You can bill for time spent during the ICM screening visit if you have already determined the client is eligible for ICM services and the parent refuses services during screening. Document on the *ICM New Client Screening* form or *Transitional Questionnaire* that the client refused services and place in client chart according to your agency's record keeping protocol.
- If you have NOT established eligibility for the program before seeing a client, the agency cannot bill for the initial ICM intake regardless of whether or not the parent refuses services.

Remember, a FS agency cannot bill for time spent determining ICM eligibility. The client (infant) must have a DSHS Medical Identification (ID) card and infant and/or the parents must meet at least one of the criteria listed on the *ICM Intake* form [DSHS 13-658]. If the new mother is a MSS client, First Steps staff should determine ICM program eligibility using the *ICM Intake* form BEFORE the MSS period ends.

Contact Maureen (Mo) Lally at [lallyma@dshs.wa.gov](mailto:lallyma@dshs.wa.gov) with questions.



## FAMILY PLANNING AND TOBACCO CESSATION DURING PREGNANCY PERFORMANCE MEASURES

*Submitted by Kathi LLOYD*

Due to the changes in the charting and documentation forms, many providers have been wondering whether they are documenting the *Family Planning and Tobacco Cessation During Pregnancy Performance Measures* correctly. FS agencies must be able to demonstrate upon request that for every client, these two topics were addressed during the MSS cycle. The new standardized forms were developed with this in mind; therefore completing the client screen, the visit records and discharge summary will assure accurate documentation.

### 2006 TOBACCO CESSATION CHAMPION PROJECT AGENCY RETREAT

Twenty six representatives from 14 First Steps agencies listed below participated in the 2006 Champion Project Retreat held in Seattle on January 29-31. Three expert consultants from Free & Clear provided training in motivational interviewing and tobacco cessation interventions for pregnant and parenting Medicaid eligible women and developing agency action plans addressing system changes. Kathi LLOYD from DOH provided overview regarding the requirements of the performance measure and worked with the attendees to begin developing agency specific project evaluations. Juliet Thompson from DOH provided comprehensive consultation regarding the DOH Tobacco Program, using the Quitline and Fax Referral system.

The objectives of the retreat were to assist the attendees:

- Increase their comfort and confidence levels in using Motivational Interviewing (MI) approach working with First Steps clients
- Increase their comfort and confidence levels in modeling the MI approach and being a resource for MI questions from MSS/ICM staff
- Develop an agency action plan that would use a systematic approach to integrating tobacco cessation and secondhand smoke exposure interventions into their agency's work. The action plan included tasks, responsibilities and timelines.
- Use existing evaluation tool kits and develop agency specific evaluation models
- Describe the rationale and steps in the action plan and build agency support.
- Understand how to work with the other First Steps cessation champions and consultants.

The agencies selected this year were:

1. Answers Counseling from Pierce County
2. Benton-Franklin Health District
3. Catholic Family and Child Services of the Tri Cities
4. Cowlitz County Health Department
5. Clark County Health Department

### REMINDER!

Bill for the *Family Planning Performance Measure for each client* during the postpartum period even if you can't confirm what method they may have chosen or even if they have chosen to use NO birth control method. We expect you to offer each client education and referrals about family planning. Once the discharge summary has been completed, bill using procedure code 0423M.

Bill for the *Tobacco Cessation During Pregnancy Performance Measure* as long as it is documented that each client is asked about tobacco usage (even if the woman doesn't completely stop smoking) and counseled about the dangers of second hand smoke exposure for herself and her baby, AND is offered an appropriate and individualized intervention even if she never uses or is exposed to tobacco.

Once the discharge summary has been completed, bill using procedure code S9075.

Agencies may submit bills up to 365 days after last date of service.



6. Grays Harbor County Public Health & Social Services
7. Seattle-King County Public Health – Downtown Public Health Center
8. Seattle-King County Public Health – Auburn Health Department
9. Klickitat County Health Department
10. Lewis County Public Health Department
11. Tacoma-Pierce County Health Department
12. Island Prenatal Care Center from Skagit County
13. Wahkiakum County Health and Human Services
14. Yakima Neighborhood Health Services

For more information please contact Kathi LLOYD at 360 236-3552 or [Kathi.lloyd@doh.wa.gov](mailto:Kathi.lloyd@doh.wa.gov).



## TOBACCO CESSATION DURING PREGNANCY TECHNICAL ASSISTANCE OPPORTUNITY *Submitted by Kathi LLoyd*

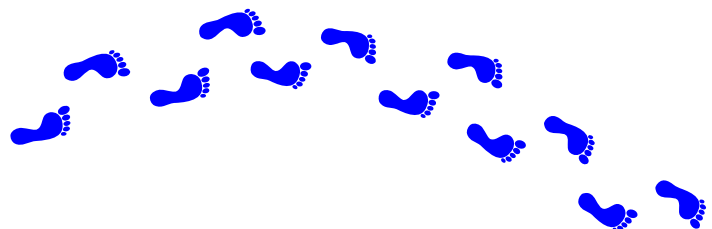
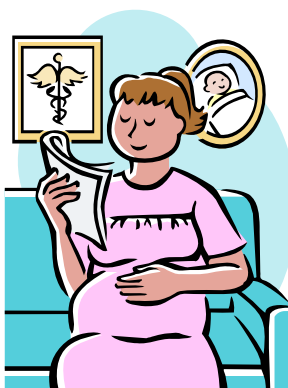
Two consultants, both trainers in motivational interviewing and tobacco cessation interventions regarding pregnant and parenting Medicaid eligible women, have been subcontracted by Free & Clear to provide consultation, training, mentoring and support for up to 25 First Steps agencies that have not yet participated in the annual Tobacco Champion Project. This assistance is available by phone, email, or on-site, with the consultant facilitating the discussion. They will help the First Steps Coordinators and staff set the agenda and conduct a meeting which includes the following topics:

- Help problem-solve approaches to changing agency policy
- Help identify elements of a tobacco cessation system already in place and facilitate discussions on how the gaps might be filled
- Help agencies systematically integrate tobacco cessation and motivational interviewing/behavior change skills into their work and work sites
- Teach First Steps providers how to educate, motivate and engage clients in both home visitation and clinic based settings
- Implement best practices in providing tobacco cessation/reduction education
- Provide additional motivational interviewing skill building training if requested
- Provide additional training in relapse prevention
- Provide additional training in client coping skills
- Provide training on using the Washington State Quitline Fax Referral system
- Do an on-site walk through to identify ways to enhance/display the tobacco cessation messages, such as posters, brochures, Quitline cards, videos, etc.
- Provide problem solving about how to move a designated smoking site from the entrance to another part of the facility if it is not currently a non-smoking facility.

Interested First Steps Coordinators can contact Miriam Philby, Client Services manager of Free & Clear, at 206-867-2512 or by email at [Miriam.pilby@freeclear.com](mailto:Miriam.pilby@freeclear.com). She will forward the requests to the consultant serving your area. When the consultant contacts you, Miriam will help you create an agency specific work plan, which will:

1. Set reasonable and attainable goals;
2. Develop steps that will be taken
3. Identify who will be responsible for the accomplishment of each step
4. Identify others that are needed to be involved for successful accomplishment and evaluation of each step, and
5. Set a target date for completion of each step.

For further information please contact Kathi LLoyd at 360 236-3552 or [Kathi.lloyd@doh.wa.gov](mailto:Kathi.lloyd@doh.wa.gov) .



## REVISED BEST PRACTICE GUIDE FOR SCREENING AND MANAGEMENT OF MATERNAL HIV INFECTION IN PREGNANCY

*Submitted by Polly Taylor*

As part of efforts to improve prenatal care for HIV positive pregnant women, Maternal and Infant Health has revised and reprinted the provider booklet, *Screening and Management of Maternal HIV Infection: Implications for Mother and Infant*. This was a collaborative effort with DOH HIV/AIDS Prevention and Education, Client Services, the UW Regional Perinatal Program, and the Northwest Family Center. This best practice guide includes updated information on HIV counseling and testing during pregnancy, perinatal transmission risk, diagnostic tests, HIV reporting requirements, medications and treatment during pregnancy, labor, delivery and postpartum, rapid testing during labor, newborn treatment and consultation, and referral information.

Hard copy booklets can be ordered from the DOH warehouse by using this form:

[http://www.doh.wa.gov/cfh/mch/documents/doh\\_warehouse\\_order\\_form\\_mih\\_specific.doc](http://www.doh.wa.gov/cfh/mch/documents/doh_warehouse_order_form_mih_specific.doc)

Electronic copies can be downloaded at:

[http://www.doh.wa.gov/cfh/mch/documents/Maternal\\_HIV\\_2005\\_web.pdf](http://www.doh.wa.gov/cfh/mch/documents/Maternal_HIV_2005_web.pdf)

For more information contact: Polly Taylor (360) 236-3563 or email [polly.taylor@doh.wa.gov](mailto:polly.taylor@doh.wa.gov)



## SPEAK UP WHEN YOU'RE DOWN! WASHINGTON STATE POSTPARTUM DEPRESSION PUBLIC AWARENESS CAMPAIGN UNDERWAY

*Submitted by Joan Sharp, Executive Director Washington Council for Prevention of Child Abuse & Neglect (WCPCAN) / Children's Trust Fund of WA*

It happens to one in eight new moms – sometimes with devastating effect. Few recognize it, and those who do often don't seek the help that's available.

It's Postpartum Depression (PPD), or 'the baby blues.'

"*Speak Up When You're Down*," a new educational campaign, is underway in Washington to help overcome the social stigma of PPD and encourage women and their partners to seek medical help when needed.

Post partum depression describes a range of physical and emotional changes that often occur in women after having a baby. PPD can appear days or even months after childbirth. New research shows men are susceptible too.

According to the Washington Council for Prevention of Child Abuse & Neglect which is leading the campaign, PPD poses risks for children and families. Depressed moms have difficulty caring for their children, depriving the infant of the nurture that lays the foundation for healthy brain development. Plus, family relationships often suffer from the stress that depression added to the adjustment to a new baby can cause.

For more information about the campaign, including helpful resources and brochures available for distribution, contact [wcpacan@dshs.wa.gov](mailto:wcpacan@dshs.wa.gov) or call (206) 464-6151.



## REGIONAL FIRST STEPS/FAMILY PLANNING COORDINATORS

*Submitted by Lenore Lawrence*

DSHS is placing a First Steps/Family Planning Coordinator in each Regional Economic Services Office. These staff will help coordinate services between First Steps/Family Planning and other community programs such as Chemical Dependency Treatment Providers, Child Protective Services, and mental health providers.

They will also work to standardize referrals from CSOs to First Steps agencies. Current staff are:

### REGION 1

Adams, Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens and Whitman Counties

*Jason Luoto, 509-227-2866, [luotoje@dshs.wa.gov](mailto:luotoje@dshs.wa.gov)*

### REGION 2

Benton, Columbia, Franklin, Kittitas, Walla Walla, Yakima

*In process of hiring.*

### REGION 3

Island, San Juan, Skagit, Snohomish and Whatcom Counties

*In process of hiring.*

### REGION 4

King County

*Nick Clemenson, 206-272-2154, [clemen@dshs.wa.gov](mailto:clemen@dshs.wa.gov)*

### REGION 5

Pierce and Kitsap Counties

*Leslie Harmon, 253-476-7030, [harmonl@dshs.wa.gov](mailto:harmonl@dshs.wa.gov)*

### REGION 6

Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum Counties

*In process of hiring.*

Contact Lenore Lawrence at [lawrele@dshs.wa.gov](mailto:lawrele@dshs.wa.gov) with questions.

## UPDATE FROM THE FIRST STEPS DATABASE

*Submitted by Laurie Cawthon, M.D., M.P.H.*

We are pleased to announce the 2004 birth certificates are here and we have finished linking birth certificates and Medicaid claims! About this time each year we eagerly await the arrival of the annual birth certificate data in anticipation of analyzing the most recent trends in prenatal service use and birth outcomes for women in Washington State.

Recent findings include:

- The proportion of women with Medicaid-paid births remained steady at 45.7% in 2004 (N=36,771) compared to 45.6% in 2003 (N=36,118). N=total number of women with Medicaid-paid births.
- Among Medicaid-paid births, 20.4% were to non-citizen women (N=7,490).
- Maternal smoking for Medicaid women decreased from 18.4% in 2003 to 16.8% in 2004.

New 2004 Data Reports will be posted periodically on the FSDB website at

<http://fortress.wa.gov/dshs/maa/firststeps/FSDB.htm>.

### *Did you know...?*

The First Steps Database (FSDB) has linked vital statistics data with Medicaid claims and eligibility history for each year of births since 1989. We have been using this data to produce statistical reports describing trends in prenatal service use, maternal risk factors, and birth outcomes for Washington State residents for the past 15 years.

### TO ACCESS REPORTS FROM THE FIRST STEPS DATABASE

First Steps Website:

<http://fortress.wa.gov/dshs/maa/firststeps/>

First Steps Database Reports:

<http://fortress.wa.gov/dshs/maa/firststeps/FSDB.htm>

Research and Data Analysis Reports:

<http://www1.dshs.wa.gov/rda/research/default.shtm>

## FIRST STEPS/CHILD PROTECTIVE SERVICES PARTNERSHIP

*Submitted by Lenore Lawrence*

First Steps and CPS state staff constantly hear about the lack of state-wide consistency in how CPS referrals are made or received across the state. This is frustrating for all parties involved. In an effort to address this issue, two paths are being taken:

- Development and presentation of a First Steps module in the CPS Intake Worker training. One session has occurred and more are planned.
- Development of a paper form to fax CPS referrals to local offices. The form will be reviewed by a number of First Steps agencies before it is finalized.

Stay tuned for more information!

